



National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB)

Integrated Querying and Reporting Service (IQRS) User Review Panel (URP)

NPDB-HIPDB Policy Betsy Ranslow

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Proactive Disclosure Service (PDS)



- **Considering a service where queriers would be notified of reports naming any of their registered practitioners as subjects when reports are received by the Data Banks.**
- **Offered as an alternative to and not as a replacement to the current querying service.**
- **Report format, information and data reported to the Data Banks will not change.**
- **Can use the PDS for NPDB, HIPDB or Both.**



PDS Model



- Initial query required.
- Registering and de-registering practitioners.
 - Individual method.
 - Batch method.
- Confirmation of enrollment.
 - Additions, deletions, corrections.
 - Available on demand.
- Notification of report.
 - Within one business day.
 - Via e-mail and/or Data Bank correspondence.



PDS Model (cont.)



- Choice.
 - Historical reports.
 - Current report, only.
- Audit report.
- Reconciliation reports.
- Annual subscription.
 - Per practitioner (\$2.75 – \$3.25).



PDS



- National Committee for Quality Assurance – PDS may be used to:
 - Review malpractice settlements or judgments paid on behalf of a practitioner at initial credentialing (CR3) and recredentialing (CR7).
 - Verify sanctions and limitations on licensure at initial credentialing (CR5) and recredentialing (CR8).
 - Conducting ongoing monitoring of sanctions and limitations on license (CR9).



Section 1921



- Notice of Proposed Rule Making (NPRM) in the HHS approval process.

- Adds:

- Licensing Board Adverse Action Reports: all practitioners and providers (health care entities).
 - Accrediting Body Adverse Action Reports: providers.

- Access

- Those entities that are currently allowed to query the NPDB will have access to Section 1921 reports.
 - Those entities given access to the NPDB by Section 1921 will *only* be allowed to query for 1921 reports, e.g.,
 - Law enforcement agencies.
 - Medicaid Fraud Control Units.



MMPR Duplicate Reports



- Phase one: Reviewed 3,396 reports submitted by 245 entities (July – September 2005).
- Phase two: Contacted entities (August – September 2005).
 - 1,371 (40%) reports voided.
 - 1,094 (32%) reports unchanged.
 - 829 (24%) reports require contacting 114 entities for resolution.
 - 102 (3%) reports updated.



Secretarial Reviews



- 1,694 Reviews (All NPDB and HIPDB through September 2005).
 - 684 (40%) Report maintained as submitted.
 - 669 (39%) Outside scope of review.
 - 143 (8%) Secretary voided report.
 - 138 (8%) Closed by intervening action.
 - 42 (2%) Did not pursue review.
 - 18 (1%) Secretary changed report.
- 38 Pending reviews.



Hurricane Katrina/Rita



- HHS Volunteer Health Care and Relief Personnel Program Initiated.
 - More than 33,000 individuals registered.
 - CVO = Credentials Smart.
 - Submitted 4,608 queries.
 - 920 Individuals deployed.
- Provided assistance to:
 - 4 State Boards (19 queries).
 - 1 Health Care Entity (73 queries).
 - 1 Individual.



Compliance Activities



National Association of Insurance Commissioners (NAIC)



- Compared NPDB payment reports to the NAIC's 2002 summary payment reports (*Supplement A to Schedule T*) (August 2004 – September 2005).
 - Identified 57 companies with reporting discrepancies.
 - 20 (35%) were able to resolve discrepancies.
 - 35 (62%) are still working with us to complete the process.
 - 1 (2%) has not responded to inquiries.



Eligibility to Register with NPDB



- Monitored the eligibility of Data Bank registrants (January – September 2005).
 - 12 Investigated.
 - 7 Deactivated.
 - 3 New registrations deemed ineligible.
 - All staffing companies.



State Licensing Boards



- Compared a random selection of actions documented on State Licensing Board Web sites to actions reported to the NPDB.
 - State licensure actions involving dentists (37 actions in 37 States).
 - 9 were not found in either Data Bank.
 - State licensure actions involving physicians (47 actions in 47 States).
 - 3 were not reported to either Data Bank.
 - 3 were reported to one Data Bank and not the other.
- Next Step – Contact licensing boards.



Educational Activities



NPDB & HIPDB Guidebooks



- Reorganized by entity type.
- NPDB in final review.
- HIPDB in initial stages of reorganization.



Presentations & Exhibits: 2005



- American College of Nurse Practitioners – January/February.
- JCAHO Credentialing & Privileging Task Force – February.
- American Association of Dental Administrators – March.
- NCQA Advanced Credentialing Workshop – April.
- National Committee for Quality Assurance – April.
- Administrators in Medicine – April.
- TN Association Medical Staff Services – April.
- NJ Association Medical Staff Services – April.
- Physician Insurers Association of America – May (Exhibit).



Presentations & Exhibits: 2005



- MA Association of Medical Staff Services – June.
- KS/NE Association of Medical Staff Services – June.
- Medicaid Fraud and Control Unit Bi-Annual Conference – July.
- NV Association of Medical Staff Services – August.
- National Association Medical Staff Services – September (Exhibit).
- NCQA Credentialing Workshop – October.
- American College of Nurse Practitioners – October.
- Colorado Physician Insurance Company – Risk Management Seminar – November.
- NCQA Credentialing Workshop – December.



Medical Malpractice Payment Reporter Policy Forum: June 2005



- Purpose: To provide a forum for questions and suggestions to improve reporting processes and compliance, and exchange of information.
- Attendance: 39 attendees representing 35 entities.
- Length: Full Day.
- Outcome: 14 Recommendations for Improving the NPDB.
 - 1. Revise specific codes (e.g., those with parenthetical descriptions).
 - 2. Clarify reporting requirements for payments by primary/excess carriers.
 - 3. Clarify the trigger for the 30-day reporting requirement.
 - 4. Continue the discussion of corporate shield.



Medical Malpractice Payment Reporter Policy Forum: June 2005



- 5. Create an electronic copy of the MMPR Form for entity internal use.
- 6. Investigate issue of unauthorized queriers receiving reports.
- 7. National Association of Insurance Commissioners (NAIC) comparison – is this valuable?
- 8. Distinguish between settlements and releases in revised guidebook.
- 9. Proactive Disclosure Service (PDS) – notification to practitioners.
- 10. Distinguish between mandatory and voluntary reporting fields.
- 11. Increase length of school name field.
- 12. Consider a drop-down list for school codes.
- 13. Consider sorting options for historical reports (e.g., by State).
- 14. Creating Microsoft Excel files of historical reporting information.



Policy Forum: September 2005



- **Purpose:** To provide a forum for questions and suggestions to improve reporting and querying processes and compliance, and exchange of information.
- **Attendance:** 48 attendees representing 44 entities.
 - Hospitals.
 - Health Plans.
 - State Licensing Boards.
 - Medical Malpractice Payers.
- **Length:** 3 hours.
- **Outcome:** No specific recommendations.
 - Discussion was good.



Presentations & Exhibits: 2006



- National Credentialing Forum – February.
- National Association Medical Staff Services Institute Seminar Series – March.
- NY Association Medical Staff Services – May.
- NCQA Credentialing & Advanced Credentialing Workshops – May.
- NCQA Credentialing Workshop – September.



Contact Information



- **Web Site — www.npdb-hipdb.com.**
 - Interactive Training.
 - Public Use File.
 - Data on Reporting.
 - Annual Reports.
 - Newsletters.
 - Instructions for Reporting and Querying.
- **Customer Service Center — 1-800-767-6732 (1-800-SOS-NPDB).**
- **Betsy Ranslow, MS, OT/L**
Senior Associate for External Relations
Practitioner Data Banks Branch
(301) 443-1085
branslow@hrsa.gov